

Is Chiropractic Primary Health Care?

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"The mission of Parker College of Chiropractic is to educate men and women of all nationalities to become Doctors of Chiropractic and, therefore, to serve as a portal of entry into the health care system, to become primary health care physicians, and to perpetuate chiropractic education, research and the science, philosophy and art of chiropractic worldwide for the benefit of all mankind." Parker College Catalog p.16

What is Primary Health Care?

Definition of Primary Care from the 1996 American Academy of Family Physicians Policy Manual (<http://www.aafp.org/x6988.xml>):

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, gender, or diagnosis.

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician, utilizing other health professionals, consultation and/or referral as appropriate.

Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective doctor-patient communication and encourages the role of the patient as a partner in health care.

A more simple definition of primary health care was described by Nelson in the 9-16-1993 issue of JMPT:

"The care most persons need most of the time"

What type of care do most people need most of the time?

Chiropractic and a New Taxonomy of Primary Care Activities

The May 4, 2001 issue of [JMPT](#) has a very informative article on the role of chiropractic in primary health care. Here is the summary chart of their data:

Activities performed daily in typical office-based practice	DC competent to perform
Information Gathering	
Assessment of the necessity for care	yes
Complete or focused physical examination	yes
Complete or focused personal/family health history	yes
Prenatal examination	NO
Well-baby examination	yes
Mental status examination	yes
Focused examination for mgt of acute or chronic condition	yes
Documenting final medical assessment	yes
Documenting plan of care	yes
Triaging	yes
Initial evaluation of undifferentiated problems	yes

Screening/prevention	
Providing appropriate screening measures	yes
Interpreting results of screening measures	yes
Counseling patients regarding screening outcomes	yes
Other diagnostic procedures/techniques	
<i>Drawing blood for samples</i>	NO
Obtaining urine samples	yes
Reviewing x-ray reports	yes
<i>Intramuscular injections</i>	NO
Review and interpret laboratory results	yes
Counseling/education	
Smoking cessation	yes
Diet/nutrition	yes
Stress management	yes
Health insurance/plan rules and guidelines	yes
Helping patients make choices	yes
Compliance counseling	yes
Disease education	yes
Use of complimentary modalities	yes
Management of acute and chronic illnesses	
Determining/prescribing appropriate medications	yes
Injuries/trauma	
Minor trauma	yes
Sprains/strains	yes
Musculoskeletal	
Back and neck pain/strain	yes
Ear, nose, and throat	
Sinusitis	yes
Congestion	yes
Ophthalmologic	
Corneal abrasion	yes
Dermatologic	
Dermatitis	yes
Rash	yes
Neurologic	
Headache	yes
Pain	yes
Cardiovascular	
Hypertension	yes
Endocrine	
Diabetes	yes
Pulmonary	
Bronchitis	yes
Wheezing	yes
Upper respiratory infection	yes
Gastrointestinal	
Gastritis	yes
Belly pain	yes
Heart burn	yes
Behavioral	
Suicide	yes
<i>Abusive behavior</i>	NO

Substance abuse	yes
Hematologic	
Bleeding	yes
Thrombosis-peripheral (deep venous thrombosis)	yes
Anemia	yes
Special populations	
Pregnancy-related care	yes

Here are some of the summary conclusions from this JMPT article:

"With respect to a set of primary care activities that occur daily in medical offices, chiropractors are able to make diagnoses in 92% of the activities and to make therapeutic contributions in more than 50% of the activities."

"Of the 53 activities performed daily in a typical primary medical practice, DC's are competent to perform, at the least, evaluation and diagnosis of the condition, if not some treatment as well, with respect to all but 4."

Chiropractors treat very successfully many conditions that were not included in this list. It is not that the panel considered the DC as incompetent to treat them. Rather, these conditions did not meet the study criteria for 'frequently' seen conditions.

You should also note that the category '*determining/prescribing appropriate medications*' referred to both drugs and nutritional supplementation. Obviously, it is **not** appropriate for a DC to be making pharmaceutical recommendations.

Each of us might disagree with some of the items on this list. For example, it is surprising that the study concluded that a DC is not competent to draw blood. One can also question the wisdom of a DC being the primary care provider of a patient with suicidal tendencies. However, in general the list reflects what a DC is competent to treat on a daily basis.

This study is the result of an interdisciplinary panel comprised of both MD's and DC's. The study concluded:

"Most surprising, however, was the fact that in 17% of the activities there were differences between the panels whereby the chiropractic panel rated the necessity for MD/DO involvement higher than did the interdisciplinary panel."

"Using the data from the interdisciplinary panel on frequency of occurrence, we find that this panel believed medical doctors to be required infrequently or never in the delivery of 53% of primary care activities; 31% of the activities require the involvement of a medical doctor some of the time; and only 16% of the activities require medical doctor involvement most or all of the time."

What is the bottom line from this study? Your training and competence to treat a wide variety of conditions is greater than you may believe. With more experience in practice, you will begin to realize that a great many conditions that you previously thought should be referred to the MD, can in fact be more successfully managed with conservative natural care in your office.

What is 'Typical' for Most Chiropractors?

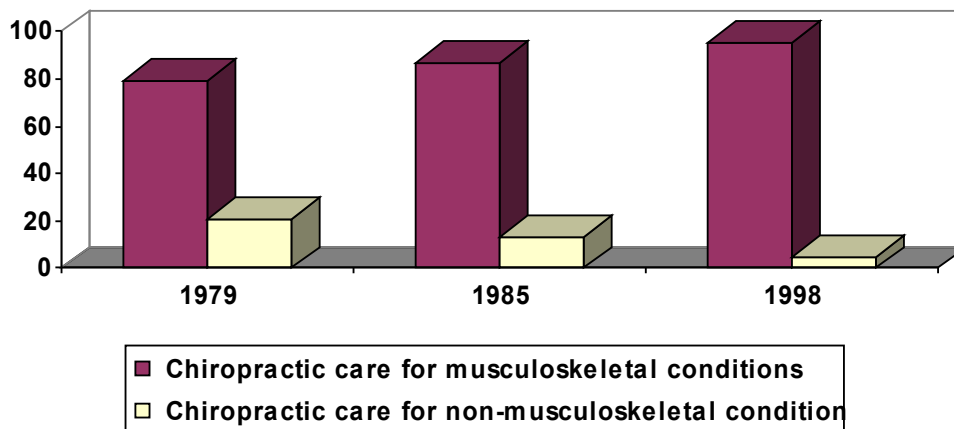
As you read the JMPT study, you may wonder if it is applicable to the 'typical' chiropractic office. *A Survey of Chiropractors' Use of Nutrition in Private Practice*, published in the Journal of Chiropractic Humanities may provide some additional information:

(http://www.journalchirohumanities.com/volumes/vol_10/spillman.pdf)

81% of chiropractors incorporate nutritional counseling, literature or supplementation in their practice
19% of a chiropractors practice time is devoted to giving nutritional advice to patients
37% of patients seen are counseled on nutrition
22% of patients are given nutritional literature
50% of patients are advised to take nutritional supplements

The 'typical' chiropractic scope of practice depends upon your point of view. In terms of what is being treated, our scope is becoming narrower. As time passes more chiropractors are focusing almost exclusively on musculoskeletal conditions, as reflected in surveys conducted by the ACA:

1979 - 21% of chiropractic care was for non-musculoskeletal conditions
1985 - 13% of chiropractic care was for non-musculoskeletal conditions
1998 - 5.3% of chiropractic care was for non-musculoskeletal conditions



If you choose to limit your practice to the detection and correction of vertebral subluxations, this is a perfectly valid choice. However, you should examine your motive in this decision. If you are limiting your practice because you feel a chiropractor is not competent to treat general health problems, you might want to reevaluate your options.

Your patients need you to be involved with their total health care, not just correction of their subluxations.

We need to address **all** of the areas that Thomas Edison spoke of:

The Doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.

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